## **Application for Maine Court Interpreter Work**

| First Name:   |  |  | Last N   | ame: _                     |   |                                     |              | Midd  | le Initial         | :                                       |
|---|--|--|--|----------------------------|---|-------------------------------------|--------------|---|--------------------|---|
| Phone Day:  |  | Evening:   | :  |                            | E-mail:   |                                     |              |   |                    |   |
| Address:  | City: _  |  |  |                            | Zip Code:   |                                     |              |   |                    |   |
| Language S<br>simultaneous ar   |  |  |  |                            |   |                                     | and          | describe                                    | your co            | nsecutive,                              |
| Language  | <b>Dialect</b><br>(if any)                     | Speak<br>(Please<br>indicate—<br>minimal,<br>proficient,<br>or fluent) | Rea<br>(Plea<br>indicat<br>minim<br>profici<br>or flue | nse<br>te—<br>nal,<br>ent, | Write (Please indicate— minimal, proficient, or fluent) | Experience:<br>Sight<br>Translation |              | Experience:<br>Simultaneous<br>Interpreting |                    | Experienc<br>Consecution<br>Interpretir |
| English   |  | or maonity   | OI III   | 3110)                      |   |                                     |              |   | Y/N                |   |
|   |  |  |  |                            |   |                                     |              | Υ/  |                    | Y / N                                   |
|   |  |  |  |                            |   |                                     |              | Υ/  |                    | Y/N                                     |
| <u> </u>  |  | <u> </u>   |  |                            | <u> </u>  | <u> </u>                            |              | Y /   | N                  | Y/N                                     |
| Education:  | Please   | start from the   | highest:   |                            |   |                                     |              |   |                    |   |
| Name and Address of School  |  |  |  | Language of School         |   | Year(s)<br>Completed                |              | Degree and<br>Major                         |                    |   |
|   |  |  |  |                            |   |                                     |              |   |                    |   |
| Training, Ce  | rtification a                                  | nd Other In  | terpreting   | g Cre                      | dentials:   |                                     |              |   |                    |   |
| Certification<br>Training   | Certification/ Providing Training Organization |  | Language Pa  |                            | ir Location   |                                     | Date Awarded |   | Number of<br>Hours |   |
|   |  |  |  |                            |   |                                     |              |   |                    |   |
|   |  |  |  |                            |   |                                     |              |   |                    |   |
|   |  |  |  |                            |   |                                     |              |   |                    |   |
| Additional Inf<br>Are you legally of<br>Have you ever to<br>If yes, please ex<br>Please list geog | eligible to work<br>been convicted             | of any violatio  | ns of law, ex  |                            |   |                                     | □Y€          | es  | □ No               | )                                       |
| Please attach co<br>Explain if copies   | opies of résumé                                | e, diploma(s), d   | certification(   | (s), trai                  | ining(s) and ref  | erences.                            |              |   |                    |   |
| Applicant si  | gnature  |  |  |                            |   | Date                                |              |   |                    |   |

Mail application to: LANA, 400 Congress Street, P.O. Box 15200, Portland, ME 04112; or Fax to (207)874-1007